Life Satisfaction of Holocaust Survivors

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Original Article

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Source: Clinical Social Work and Health Intervention *Volume: 13* *Issue: 1*
Pages: 37 – 44 *Cited references: 13*

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Keywords:

Holocaust. Survivors. Health. Life Satisfaction

Publisher:

International Society of Applied Preventive Medicine i-gap

CSWHI 2021; 13(1): 37 – 44; DOI: 10.22359/cswhi_13_1_05 © Clinical Social Work and Health Intervention

Abstract:

Objective: Find out the impact of the Holocaust trauma on life satisfaction of alive Czech survivors, and to compare it with a control group of respondents.
Design: Prospective study
Participants: The total number of respondents in the study was 130. The exposed group consisted of 65 Czech Holocaust survivors (average age 88.5 years), control group of 65 Czech seniors (average age 88 years).

Methods: The article presents a quantitative research assessing the life satisfaction of survivors using the standardized Life Satisfaction Questionnaire by Fahrenberg et al. (1986) on a main group, and compares it with a control group. A non-parametric test for two selections (Mann – Whitney) at a significance level of 0.05 was used to test the hypotheses.
Results: In spite of wide spectrum of the Holocaust effects, the exposed group shows higher or the same satisfactionin the most of the monitored areas compared to the control group (Health Me 4 vs. 3, p – 0.000; Workand employment Me 6 vs. 5, p – 0.000; Financial situation Me 6 vs. 4, p – 0.000; Leisure time Me 4 vs. 4, p – 0.002; Marriage and partnership Me 2 vs. 0, p – 0.284; Own self Me 4 vs. 3, p – 0.000; Sexuality Me 3 vs. 3, p – 0.879; Friends and acquaintances Me 5 vs. 4, p – 0.002; Housing Me 5 vs. 4, p – 0.000; Overall life satisfaction Me 5 vs. 4, p – 0.001). On the contrary, they are less satisfied in the area Children (Me 4 vs. 5, p – 0.016).
Conclusions: The research displays integration of hardiness and vulnerability, lust for life and the ability of man to live and survive in extreme conditions and still feel a joy of life.

Conflict of interest

All the authors declare that the research involved in the article and the publication of the article were carried out without having any business, financial or other relations and/or circumstances that could be considered as a potential conflict of interest. At the same time, all the authors declare that there is no conflict of interest related to this article or its review.

Introduction

It´s been only 76 years since the World War II and the Holocaust ended. Those who have gone through the walls of Jewish ghettos or concentration camps are still living among us. They are live pictures of horrors that almost none of us can even imagine. Their fates even these days feel with monstrosity, fear and suffering. Along with it the questions forward:

”How these people could have survived and lived in the places where others were dying?“

”Is it really possible, after all those horrors, to come back to ordinary life and find meaning in it again?“

”To feel joy?“

In April 2020 the Jewish Holocaust survivors' database contained approximately 450 clients who were receiving social services in the Czech Republic supported by grants provided by the international organization Claims Conference. Actual number of Czech Holocaust survivors may be even higher, since not each survivor belongs to a Jewish community or organization associating concentration camps prisoners, active combatants, hidden children, and so on. In spite of dealing with relatively small number, it´s still probable that among clients/patients who we care of in the terrain, ward or hospital beds sphere, these people may be present.

Searching for relations between various traumas and health or life satisfaction is in the center of gravity of researchers from numerous fields, such as psychology, medicine, nursing, social work, sociology, economy, and others. Causal relation between Holocaust trauma and survivors´ health condition was supported by foreign studies by researchers from areas with high concentrations of Jewish refugees from Europe (the United States of America, Australia, and Israel). Joining the studies creates a bio-psycho-social-spiritual model of Holocaust effects that presents not only the effects of this tragedy on the stated health dimensions, but also points to survivors´ attitudes towards life, health, disease, and additionally to transgenerational trauma transmission. Researchers detect causes such as insufficient nutrition, extreme stress, insufficient and health threatening hygiene, life and work conditions, and guards' brutality in work or concentration camps. (1, 2, 3, 4, 5, 6)

For a very long time, this causality was not in the focus of researchers´ interest in the communist countries of Europe. In the West, victims of the Third Empire racist laws were recognized as victims of Nazism and racial anti-Semitism, and thus they were in the focus of research seeking to help this victim group. In the countries under the Soviet influence the situation was more difficult. Returnees from concentration camps, shelters or forced emigrations would often on a long-term basis face various anti-Semitic attacks. This was the main reason why survivors refused to talk about their experiences. The taboos about the life in concentration camps or Jewish ghettos were breached by the regime change in 1989. Holocaust research in the post-communist countries was delayed for more than 40 years compared to the Western block. After the effects on survivors´ health were scientifically supported, researchers´ interest started focusing on the area of life quality, well-being and survivors´ coping strategy. (5, 7)

The aim of the presented study was to find the impact of Holocaust trauma on life satisfaction of living Czech survivors, and to compare it with a control group of respondents.

The respondent set and methods of research inquiry

To find the life satisfaction of Holocaust survivors the quantitative research design using a questionnaire method was selected. As a proper tool, the standardized Life Satisfaction Questionnaire (LSQ) was chosen, originating in 1986 as a part of a research project aimed on psychological and medical recovery of patients suffering from heart and blood circulation diseases. Representative LSQ testing was carried out in Germany in 1995 by Schumacher, Laubach & Brähler on a group of 3,047 inhabitants aged from 14 to 92, and created the necessary empiric basis for scale analysis and norms creation. Reason for selecting the LSQ as a proper tool in Holocaust survivors is that it mentions individual evaluation of past and current life conditions, and future perspectives. The questionnaire enables capturing of individual satisfaction in various life areas, and its comparison with representative norms. (8) The further reason for the questionnaire selection was the reflection of the evaluated areas from the found research using the Evidence-based-practice method. It means the questionnaire offered the possibility to quantify life satisfaction in the areas where Holocaust effects on health were assessed.

The currently used version of the standardized LSQ contains 10 scales where each scale consists of 7 statements for which respondents select their evaluation on a 7-point scale ranging from ”very dissatisfied“ to ”verysatisfied“. The higher score means higher satisfaction in given areas. Individual scales relate to: satisfaction with their own health (further referred to as HEA), satisfaction in marriage or partnership (MAR); satisfaction with their own self (OWS); satisfaction with work and employment (WAE), satisfaction with leisure time (LET), satisfaction with friends and acquaintances (FRA), satisfaction with their own children (CHIL); satisfaction with sexuality (SEX); satisfaction with financial situation and housing (FIN and HOU). The resulting score of scales (HEA, FIN, LET, OWS, SEX, FRA, HOU) is overall satisfaction (SUM). Life satisfaction is meant as individual judgment of past and current life conditions and of future perspectives, and comparison to representative norms. Since in the representative inquiry many respondents failed to fill in the areas Work and Employment, Marriage and Partnership, and Relationship to their Own Children, to achieve the total score of life satisfaction only the sum of 7 remaining scales was used. (8)

Respondent testing requires test material (a questionnaire) and evaluation form. Respondents must have a command of the Czech language. Test instructions are stated in the beginning of the test. Filling in the questionnaire takes respondents from 5 to 10 minutes. LSQ is evaluated as a sum of individual answers in each of 10 scales. LSQ items and scales are basically polarized so that higher values represent higher life satisfaction. LSQ – SUM is computed as a sum of 7 scales HEA, FIN, LET, OWS, SEX, and FRA values. As it´s been previously mentioned, WAE, MAR, and CHIL scales data are not included in the overall value. Should the scale contain more than one unanswered item, the scale is not evaluated. In case of more than 7 unanswered items in a whole LSQ, the evaluation is not recommended. The standard dealing with unanswered items is following: more than one answer missing in a scale, the respective scale value will be re-

placed with missing data. Apart from WAE, MAR and CHIL scales, also the overall value LSQ – SUM is replaced with missing data. In case of more than 7 answers missing in a whole questionnaire, all the test values are replaced by missing data, it means the questionnaire is excluded from the research. Missing value is replaced with expected value, so that it would be possible (with reservations) to utilize norm values. The expected value is estimated from available item values of the scale: scale value = scale items average x number of items in a scale (rounded). Initially, the rough scores of individual scales are logged into the evaluation form, and then the respective stanine values (ST1-ST9) are searched in the norm charts, which are subsequently graphically displayed. (8)

To select an exposed group of respondents, so a called selection inquiry was carried out. All the Jewish communities in the Czech Republic were addressed for cooperation. Positive responses were sent from Jewish Communities (further referred to as JC) in Prague, Brno, Ostrava, and Karlovy Vary, where subsequently the research intent and data collection methods were presented by a social department managing worker. After receiving consents to carry out the research, it was initiated on 1st December 2016. In that time, the estimated number of Holocaust survivors in the area of the Czech Republic counted to 650, according to employees of the Federation of Jewish Communities. The selection of the exposed group ofrespondents was intentional.

Pre-conditions for inclusion into the research were – a respondent is a Holocaust survivor and lived all his post war life in the area of Czechia, Moravia or Silesia; a respondent is cognitively able to fill in the questionnaire (value of the Clock Drawing Test is 4-5); a respondent is willing to fill in the questionnaire (signs informed consent).

The questionnaires were mostly presented during JCs social events where this group of people meets. Those who showed interest in being included into the research, were given the questionnaire to fill in. 56 respondents were engaged in the cooperation. Other 6 respondents consented to the cooperation after they had been addressed by a social worker who visits survivors in the social environment of their homes. The researcher knew 5 respondents personally and asked to fill in the questionnaire in their home environment. The last 7 were addressed by a social worker in a social care facility which was established by the Jewish Community Prague, and designated for Holocaust survivors. It means we were dealing with respondents living in an institution. The total number of respondents of the exposed group who filled in the questionnaire was 74. The number of sufficiently filled questionnaires that could have been included in the research, was 66 (89.2% utility). Firstly, the respondents filled in the informed consent. Then the research author carried out the Clock Drawing Test with a respondent, and in case of the test physiological value (the value was reached by all the addressed), it came to filling in the LSQ questionnaire which was amended with significant data (a variable value) – a type of experience (a Jewish ghetto, concentration camp, shelter, internment camp, or a combination of these).

To prove the relation between the Holocaust trauma and survivors´ life satisfaction, it was necessary to select a control group. When selecting a control group, the main principles of the control group selection were followed – that is to keep to the maximum possible comparability (full comparability in the critical descriptive indicators) with the monitored group in all characteristics apart from the monitored factor (exposition). If there is no association between exposition and life satisfaction, then the life satisfaction would have to be the same in the both, basic and control group.

Due to a relatively small number of the exposed group respondents, the selection of the control group was made by so called pair selection (matching), where a selected respondent was assigned with a control – a person corresponding in advance stated demographic variables – age, sex, education, family status, social status, place where a respondent lives, who he/she lives with, need/no need of health or social help. The aim was to select the most similar persons as controls, who differ from the exposed group only in the exposition to the risk factor (a Holocaust trauma), thus creating a mirror image set in given characteristics.

With regard to the demographic data of the exposed group, the following subjects were addressed for cooperation in the selection of the control group – the Senior Club and the Univer-

sity of the Third Age auditors as an alternative to the exposed group of respondents, who were addressed during cultural and educational events. A retirement home was selected as an alternative to the Social Care home Hagibor, and a home care agency as an alternative to the respondents who receive care from Jewish Communities in their home environment. All these subjects are located in the Pardubice region. Addressing of respondents and course of research in the control group were made absolutely identically as in the exposed groups. Both the control group and the exposed group consisted of 66 respondents, and were identical in the given demographic indicators, except a Holocaust trauma experience.

Analysis and data presentation

The Microsoft Excel and Statistica were used to elaborate the data. Firstly, the analysis was made regarding the control and the exposed group, and after that differences in the exposed group were examined – according to the type of experience.

The Normality test was carried out in all the groups. Since the hypothesis that the selection comes out of the normal distribution was rejected in the overwhelming number of cases, nonparametric tests (Mann-Whitney Test and Kruskal-Wallis Test) were used to test the hypotheses. Generally it can be stated that in the most monitored parameters there were found differences between the control and the exposed group, and also within the exposed group. Apart from some exceptions, there are no differences among individual categories. The hypotheses were tested on 5% significance level.

Basic demographic characteristics of the exposed group respondents are presented in Table 1, and for the control group in Table 2. Table 3 contains an overview of the both respondents' group descriptive characteristics. Table 4 shows an overview of the Mann-Whitney Test results used for zero hypothesis testing (H_0 - There is no statistically significant difference between the exposed and the control group).

It´s evident from the Table 4, that in the most life satisfaction evaluation items we reject zero hypothesis, claiming there´s no statistically significant difference between the groups. In 8 items of the Life Satisfaction Questionnaire – HEA, WAE, FIN, LET, OWS, FRA, HOU, and LSQSUM, the respondents from the exposed group are statistically significantly more satisfied. On the contrary, they are less satisfied in the area CHIL. There is no difference in satisfaction in MAR and SEX items.

After the individual life satisfaction items had been evaluated and compared to the control group results, the hypothesis verifying the difference in life satisfaction within the exposed group in relation to a Holocaust trauma came to the surface (H_0 – There is no statistically significant difference between the individual experience types). Differences in life satisfaction items in the Holocaust survivors in relation to a war experience type (a shelter, Jewish ghetto, internment camp, or a concentration camp) was detected through the Kruskal-Wallis Test. According to the test results, we can claim that a war experience type has no influence on the life satisfaction evaluation in the mentioned items, see Table 5.

Discussion

Life satisfaction is a basic component of the comfort. There are researches documenting that satisfaction with one´s life is an inevitable part of individual mental and physical health through all the age categories. The research presented here aimed to find out about Holocaust trauma effect on life satisfaction of living Czech survivors, and to compare it with life satisfaction of the control group of respondents. This relationship hasn´t been verified by domestic researchers yet.

The relationship between subjective evaluation of health and life satisfaction has been evaluated e.g. by authors Šolcová and Kebza (2006), who based on their own research inquiry have declared that subjective health might be saturated by life satisfaction or personal comfort. The authors in the research agree on the existence of positive and robust relationship between the two variables. Further they claim that the relationship between health and life comfort is bilateral; that life satisfaction is a crucial part of one´s subjective health. (9)

To evaluate life satisfaction of the Holocaust survivors a quantitative research design was used. As a research tool served standardized Life Satisfaction Questionnaire by authors Fahrenberg *et al*. (1986) used on a group of 66 survivors, and on a control group consisting of 66 respondents,

too. To test the hypotheses the nonparametric test for two selections (Mann – Whitney) at 0.05 significance level was used. The exposed group displays higher life satisfaction in most of the monitored areas compared to the control group(Health Me 4 vs. 3, p – 0,000; Work and employment Me 6 vs. 5, p – 0,000; Financial situation Me 6 vs. 4, p – 0,000; Leisure time Me 4 vs. 4, p – 0,002; Marriage and partnership Me 2 vs. 0, p – 0,284; Own self Me 4 vs. 3, p – 0,000; Sexuality Me 3 vs. 3, p – 0,879; Friends and acquaintances Me 5 vs. 4, p – 0,002; Housing Me 5 vs. 4, p – 0,000; Overall life satisfaction Me 5 vs. 4, p – 0,001). On the contrary, they are less satisfied regarding the area Children(Me 4 vs. 5, p – 0,016). As it was mentioned in the qualitative part, the number of the survivorsdidn´t manage to have children. Those who did have them, frequently imposed high demands on their education. A number of survivors´ descendants emigrated, and only keep online contact with their parents. There is no difference in satisfaction in Marriage and partnership, and Sexuality items. Life satisfaction in the survivors´ group is unaffected either by gender or type of a war experience. The presented study results are surprising with regard to the evidence of wide range of Holocaust trauma effects on the physical, mental, social and spiritual health of survivors which has been proved by several domestic and foreign researches. The higher life satisfaction of the survivors might also be originating in the so called coping strategy that was created by most of the survivors in an effort to survive. (10, 11)

The life satisfaction issue was dealt by some of the foreign studies coming out of the areas with the high concentration of Jewish refugees. The results of foreign researches focusing on the learning of life satisfaction are similar to our study results Longitudinal study of authors Bachner, Carmel *et al*. (2018) The Paradox of Well-Being and Holocaust Survivors presents similar results as here presented research. The authors report higher life satisfaction in Holocaust survivors (n=295) towards a control group (n=340). (12) Authors of the research Aging of Holocaust Survivors: Discrepancies between Subjective and General Health in the Greater Tel Aviv Area on the sample of 107 survivors and 107 respondents in a control group draw attention to the lower evaluation of subjective health of survivors [F (2,211)= 4,18, p<0,05] connected with lowered life quality. The life satisfaction score is higher in survivors, though.

Conclusion

According to ”Evidence-based practice“, the Holocaust negatively affected survivors´ health in its bio-psycho-social-spiritual dimension, and additionally their attitude to life, health, disease, and moreover, it has a transgenerational character. However, the presented research confirms that in spite of the above mentioned effects the life satisfaction of the Holocaust survivors in the Czech Republic is higher compared to the rest of the senior population. The research displays integration of hardiness and vulnerability, lust for life and the ability of man to live and survive in extreme conditions and still feel a joy of life.

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Table 1 Demographic characteristics of the exposed group of respondents

Gender		Age		Education				Status			Employment		Household			Need of social assistance		Type of war experience				
♂	♀	♂	♀	P	MV	C	U	M	D	W	P	WP	LA	LS	I	YES	NO	HP	G	IC	CC	COMB
23	43,0	79-93	71-95	4	12	31	19	12	10	44	58	8	37	23	6	40	26	28	15	1	1	21

Table 2 Demographic characteristics of the control group of respondents

Gender		Age		Education				Status			Employment		Need of social assistance	
♂	♀	♂	♀	P	MV	C	U	M	D	W	P	WP	YES	NO
23	43,000	78-91	71-92	4	12	31	19	14	10	42	58	8	40	26

Footnotes of table 1, 2.

P - PRIMARY, **MV** -MODERN VOCATIONAL, **C** - COLLEGE, **U** - UNIVERSITY
M - MARRIED, **D** - DIVORCED, **W** - WIDOW/ER
P- PENSIONER, **WP** - WORKING PENSIONER
LA- LIVES ALONE, **LS** - LIVES WITH SOMEONE, **I** - LIVES IN INSTITUTION
HP - HIDING PLACE, **G** - GHETTO, **IC** - INTERNMENT CAMP, **CC** - CONCENTRATION CAMP, **COMB** - COMBINATION

Table 3 Overview of descriptive characteristics of the exposed and control groups

Items of LSQ	average	median	mode	lower quartile	upper quartile	standard deviation
HEA	4,40/**3,40**	4,00/**3,00**	4,00/**4,00**	3,00/**3,00**	5,00/**4,00**	1,78/**0,92**
WAE	6,75/**5,23**	6,00/**5,00**	6,00/**5,00**	6,00/**4,00**	8,00/**6,00**	1,75/**1,47**
FIN	5,45/**4,20**	6,00/**4,00**	6,00/**4,00**	4,00/**4,00**	7,00/**5,00**	1,97/**0,85**
LET	4,48/**3,69**	4,00/**4,00**	4,00/**4,00**	3,00/**3,00**	6,00/**4,00**	1,83/**0,95**
MAR	2,69/**2,15**	2,00/0,00	0,00/0,00	0,00/**0,00**	5,00/**5,00**	2,91/**2,64**
CHIL	4,03/**5,09**	4,00/**5,00**	6,00/**6,00**	2,00/**4,00**	6,00/**7,00**	2,63/**2,12**
OWS	4,43/**3,45**	4,00/**3,00**	4,00/ **multiple**	4,00/**3,00**	5,00/**4,00**	1,73/**0,90**
SEX	3,03/**2,88**	3,00/**3,00**	3,00/ **multiple**	2,00/2,**00**	4,00/**4,00**	1,42/**0,98**
FRA	4,72/**4,09**	5,00/**4,00**	4,00/**4,00**	4,00/**3,00**	6,00/**5,00**	1,55/**0,95**
HOU	5,45/**4,48**	5,00/**4,00**	5,00/**4,00**	5,00/**4,00**	7,00/**5,00**	1,69/**1,08**
LSQ-SUM	4,49/**3,60**	5,00/**4,00**	5,00/**4,00**	3,00/**3,00**	6,00/**4,00**	1,82/**1,13**

Table 4 Summary of Mann-Whitney test results

Items of LSQ	Test criterion value	p-value
HEA	3,772	0
WAE	4,772	0
FIN	4,786	0
LET	3,058	0,002
MAR	1,072	0,284
CHIL	-2,407	0,016
OWS	4,04	0
SEX	0,152	0,879
FRA	3,055	0,002
HOU	3,971	0
LSQ-SUM	3,307	0,001

Table 5 Summary of Kruskal-Wallis test results

Items of LSQ	Test criterion value	p-value
HEA	1,889	0,596
WAE	4,161	0,245
FIN	4,139	0,247
LET	4,089	0,252
MAR	3,357	0,340
CHIL	1,849	0,604
OWS	2,255	0,521
SEX	1,316	0,725
FRA	1,107	0,775
HOU	7,601	0,055
LSQ-SUM	1,565	0,667